

Introduction

Background: York County has a long tradition of providing for the needs of its citizens. A county's prime responsibility, according to the County Code and Commonwealth Law, is to act in concert with the commonwealth to carry out a variety of services to meet the needs of its citizens. As a result of the state government shifting programs from the state to county level, the York County Commissioners developed and assigned the management of human service programs to a central administrative office, the York County Human Services Department.

The York County Human Services Department oversees the following human services related agencies:

- York/Adams Drug and Alcohol Commission
- York/Adams HealthChoices Management Unit
- York/Adams Mental Health-Intellectual and Developmental Disabilities Program
- York County Area Agency on Aging
- York County Office of Children, Youth & Families
- York County Youth Development Center
- York County Department of Veterans Affairs

It is the mission of the York County Human Services Department to provide equal access to services for the safety and well-being of all eligible residents, in a timely and cost effective manner. In order to accomplish this mission, York County strives to protect vulnerable children and adults, support communities and families in raising children who develop to their fullest potential, meet the basic needs within our community, and build healthy communities and self-reliant individuals.

Focus: This coordinated York County Human Services Plan will describe how the funding for the following funding streams will be utilized in order to serve York County residents in the least restrictive setting that is most appropriate for their needs. The Departments and funding streams included in this plan are:

- York County Human Services Department
 - Homeless Assistance Program, Human Services Development Fund
- York County Office of Children, Youth & Families
 - Special Grants
- York/Adams Drug & Alcohol Commission
 - Drug & Alcohol Act 152, BHSI
- York/Adams Mental Health-Intellectual and Developmental Disabilities Program

- Mental Health Services- Community Programs
- Intellectual Disabilities- Community Base Programs, Behavioral Health Services

Please refer to **Attachment A** for a diagram illustrating the York County Human Services Division organizational chart and the funding streams associated with this planning document.

Public Hearing Notice

In order to comply with the hearing notice requirements, the York County Human Services Department advertised the notice from August 17, 2013 to August 18, 2013, inviting the community to provide input on the York County Human Services Plan during an open forum.

Public Hearing Summary and Comments

(Information to be inserted here)

County Planning Team and Needs Assessment

The York County Human Services Division conducts a great amount of outreach in its planning efforts which include the funding streams incorporated in the York County Human Services Plan. A critical piece of the planning process involves assessing the needs within our community. We accomplish this by performing the functions enumerated below.

Coordinated Planning Team- System of Care: A primary vehicle for coordinated planning for the York County Human Services Plan will be the System of Care initiative, which York County began in 2011. The System of Care is a philosophy that builds on the benefits of systems integration and the strengths of youth and families. York County currently holds a monthly meeting to discuss needs of consumers and to share funding plans. This is an excellent resource to gather feedback from actual consumers of service. In addition to the Human Service Department leads, the group is comprised of three (3) family representatives, two (2) youth representatives, a Common Pleas Judge, the Chief Juvenile Probation Officer, and the Executive Director of the Lincoln Intermediate Unit No. 12.

County-Wide Planning and Outreach: The York County Human Services Division is highly visible within the community and is involved in a great deal of systems outreach and networking. Department members frequently meet with consumers, residents, local officials, state officials, members of the judicial and legislative branches of government, non-profit providers, and many

other entities to gather feedback and share our plans for various funding streams. Feedback gathered from these relationships is a valuable tool in the needs assessment process.

The York County Human Services Division departments are able to assess community needs through regular contact with contracted providers. In-depth program monitoring and monthly reporting assist departments with understanding the specific needs of providers and consumers.

In addition to working with contracted providers, York County Human Services Division personnel gather feedback regarding the funding streams managed via various committees and cross-system initiatives. These outlets are an opportunity to share and hear information representing a countywide interest while keeping a finger on the pulse of the needs within our community. A brief summary of these committees are as follows:

- **Continuum of Care-** provides oversight and guidance regarding community issues relating to homelessness and basic needs. Funding streams such as Emergency Solutions Grant (ESG), Emergency Food and Shelter Program (EFSP), and Homeless Assistance Program (HAP) are often topics of discussion during these meetings. Additionally, this group is utilized to share and collect information and to assess proposals and make recommendations for funding.
- **Family Issues Roundtable-** planning meetings result in quarterly breakfast training sessions that focus on information sharing and networking with agency and community participants. The goal of the group is to promote support for and awareness of family dynamics in the delivery of services and in the development of services to meet family and community needs. Meetings are attended by staff, community representatives, and public officials.
- **Children's Roundtable-** the oversight committee for certain children's related groups. The Roundtable works off a consent-driven agenda, where each subgroup sends a report to the roundtable for distribution prior to the meetings. The agendas are based on emerging needs or topics and the group serves as a support and/or mechanism to assist the subgroups. Membership on the Roundtable is cross-discipline and includes representatives from providers, medical, community agencies, and youth.
- **Communities that Care-** a process that uses preventative science research to promote positive youth development and prevent youth behavior problems. The process provides local control and flexibility to maintain support and sustainability and is guided by the results of a survey (Pennsylvania Youth Survey) that is conducted within our York County school system. York County has had exceptional success with this effort, with all but one district participating in the process.

Data Utilization: The Human Services Division uses data obtained from providers through monthly reporting requirements as well as systems such as HCSIS, Homeless Management

Information System (HMIS), and survey results from the Pennsylvania Youth Survey. Data from these sources is analyzed, interpreted, and then used to make funding decisions.

Needs Assessment: The York County Human Services Planning Team developed a survey in order to gauge community needs. The survey, which was directed at human service professionals, was posted from June 1-June 30, 2013, and asked a range of questions in regards to the programs offered and funded through the funding streams included in this plan. A total of 241 human services professionals took the survey and several themes were consistent throughout.

Upon review of the survey data, a primary concern of many survey respondents was the ability for county residents to access services in a timely manner due to being placed on a waiting list. Waiting lists have increased not only by the number of people on the lists, but also by the amount of time spent on the list, due to the decreased funding received over the years while community needs increase. Depending upon the service, waiting lists could be due to lack of funding, available units, inability to accept more consumers, etc. This continues to be a primary concern as it is a major barrier to service.

The HS Planning Team created a sub-report of the survey, dealing with waiting lists, and is available for department review. The Team will also continue to work to determine if there are any measures that can be taken in order to decrease the wait time to these much needed services. (Please note: More detailed information regarding unmet needs can be found in the Mental Health section of this report.)

Another consistent theme that became apparent through the survey was that there is a general lack of understanding or knowledge about what services are offered by the various programs. In order to address this, the Human Services Department will begin coordinating and offering a series of cross trainings that will highlight the different programs. The cross trainings will be opened up to all county employees and providers, and will begin in September 2013.

Management will also take a more aggressive approach at dismantling any mis-information that is creating unnecessary barriers. For example, the survey results illustrated that some employees did not know what correct steps need to be taken in order to access a mental health case manager. To combat this issue, the Executive Director of Human Services spoke to Office of Children, Youth & Family staff to provide correct information, with a goal of eliminating this barrier in the future. Information sharing will continue to be conducted during staff meetings/trainings throughout the year. In addition, the data from the survey/needs assessment will continue to be used to guide the HS Planning Team in its efforts.

Monitoring: York County will continue to monitor needs by examining various program and fiscal reports on a monthly and quarterly basis. Specifically, the following measures will be taken for the various funding streams:

- ❖ **Mental Health-** All contracted outpatient mental health services providers submit monthly reports to the County Mental Health Administration outlining the availability of clinical staff to serve individuals not eligible for medical assistance through the County Liability Determination process. On a quarterly basis, the utilization of outpatient mental health services is reviewed and cross referenced with the service contract's remaining available funds. If utilization trends are recognized, a re-budgeting process is undertaken. This allows the county program to re-direct funds where they are most needed, availing individuals to access this level of care with more flexibility.

In addition to the measures listed above, the County Mental Health Program and its funding partners, evaluate service rates and trends of our Crisis Intervention Continuum of Care on a quarterly basis. These quarterly evaluations lead to the introduction of updated policies and procedures ensuring the most effective delivery of crisis intervention and emergency services. The team that conducts these quarterly reviews of crisis intervention and emergency services is multi-disciplined, and includes representatives from the County Offices of Children, Youth and Families, Area Agency on Aging, Community Care Behavioral Health, York/Adams HealthChoices Management Unit and community based service providers.

All of these measures are shared with the Human Services Planning team on an on-going basis as part of the County's Quality Assurance Initiative.

- ❖ **Intellectual Disability-** The Administrative Entity (AE) will continue to monitor the level of service provided to all consumers on an ongoing basis. The Quality Management Plan is a document that is required by ODP to be updated every two years. The current plan covers the timeframe of FY 2012-2014. The AE will review the plan to ensure specific opportunities for improvement are met. Other areas utilized for the measure of progress will be: AE Oversight Monitoring Reviews and Corrective Action Plans (CAPs), AE Annual Reviews and CAPs, Incident Management data, IM4Q data, Review of grievances, Performance outcomes in collaborating with providers and Support Coordination Organizations to assist in carrying out ODP initiatives that may include: employment, lifesharing, ongoing review and evaluation to ensure each individual receives the most inclusive, least restrictive service and support, and diversion of individuals from admission to State Centers and State Hospitals.
- ❖ **Drug and Alcohol Services-** ACT 152 and BHSI funds are limited and restricted to the very specific treatment options of: non-hospital detoxification services; non-hospital residential treatment services; and halfway house. YADAC has contractual agreements in place with the aforementioned three treatment services for York/Adams resident accessibility. The three treatment options covered by the ACT 152 and BHSI funds do NOT cover the full drug & alcohol continuum of care.

- ❖ **Homeless Assistance-** On a monthly basis, the York County Human Services Department will review program expenditure data which includes numbers served. With the exception of Rental Assistance, historically, York County's HAP providers spend 1/12 of their annual allocation each month, and budget accordingly. However, if there is an anomaly due to a spike (or decrease) in a need, this will be noted during this process. More in-depth program data will also be reviewed on a quarterly basis. This is the information found within the HAP Quarterly report, which collects data such as the number of individuals denied due to lack of funding. This is a helpful tool in making adjustments to existing programming on an as-needed basis. Information is also shared and collected during annual monitoring visits. Finally, York County HAP providers are excellent at keeping the Human Services Department informed of any trends that are occurring. This information is often discussed during HAP provider meetings or in meetings such as the York County Continuum of Care and will ultimately be shared with the HS Planning Team.
- ❖ **Children and Youth-** Please see the Children and Youth section for the outcomes/benchmarks for each funded service under C&Y Special Grants.

Division-Wide Measures: Another tool that is used to monitor utilization and assist in the planning process is the York County Human Services Data Report, which is compiled twice a year. This report includes data and statistics from each of the Human Services Division departments – Human Services, Children, Youth, & Families, Mental Health, Intellectual and Developmental Disabilities, Early Intervention, Aging, Veterans, HealthChoices Management Unit, and Drug & Alcohol. Data included in the report ranges from number of clients served, to budget totals, to specific data on services offered by each department, such as the number of children in Residential Treatment Facilities, the number of crisis calls received, the usage of detox facilities or the number of meals provided in-home to the elderly. These key indicators will be reviewed by the HS Planning Team as well as the department directors and other county officials. This report is available for DPW review upon request.

Service Descriptions: Mental Health Services

The York-Adams Mental Health Program is pleased to provide the Fiscal Year 2013-2014 Mental Health Narrative, which will present and highlight what the County Mental Health System has accomplished over the last year and the direction we will be moving forward in the current year. The system continues to make positive, concentrated efforts towards maintaining and furthering a recovery-oriented, high quality, less institutionalized system of care for adults with serious mental illness, older adults, transition age youth and children under 18.

Accomplishments: During the past year the County Mental Health Programs have realized some programmatic adjustments that resulted in the diversification and enhancement to a number of service initiatives. Prior to the beginning of Fiscal Year 2012-2013, York/Adams MH-IDD Program, York/Adams HealthChoices Management Unit (HCMU), Adams-Hanover Counseling Services and Community Care Behavioral Health began the process of enrolling Adams-Hanover Counseling Services CORE Outpatient Psychiatric and Psychiatric Nursing Services as a Medical Assistance eligible service. In conjunction with this process, the provider was afforded the opportunity to expand the service availability they provide by expanding their therapist full-time equivalency by one additional clinician. This service was formerly fully program funded through Mental Health CHIPP funding. In addition to the Assertive Community Treatment Team, The CORE Program brings a second mobile psychiatric service available to residents of York and Adams Counties, capable of serving an additional 70 individuals with these enhanced supports. The cost savings realized by York/Adams MH-IDD through this transition is now being applied to the annualized funding required to operate a second 8-bed Specialized Community Residence (enhanced PCBH) in York County. This second Specialized Community Residence in York/Adams County was developed through the 2010-2011 and 2011-2012 HealthChoices Reinvestment Plan. The primary target population for the CORE program is individuals discharging from the state hospital who have high needs and are also receiving supported housing. Additionally the Specialized Community Residence targets individuals leaving the state hospital, EAC or prison system.

York County continues to operate our Mental Health Court under the same auspices as we did starting in 2005. The York County Mental Health Court was nationally recognized in early 2011 as a model example of Treatment/Diversion Programs. Also of relevance in regards to diversion, York County has implemented the nationally recognized training curriculum of the Memphis Model of Crisis Intervention for police officers. To date 76 police officers in York County have been trained in the Memphis Model of Crisis Intervention. It is also important to note that Mental Health Caseworkers have begun collateral support of individuals being served through Drug Court, DUI Court and Veterans Court in York County. Wellspan Behavioral Health has instituted a Veterans PTSD Group that operates under the Veterans Administration recommended Seeking Safety Model. This endeavor is also partnered with the York County Veterans Court.

Services to children have been a priority in the County with SAP teams being a frequent first step to receiving a referral to treatment. Additionally most school districts in York participate in the PAYS process which provides another source of data regarding the needs of school aged children and youth. While the MH-IDD program continues to financially support SAP in all of the school districts, the HealthChoices program remains the primary funder of treatment services for this population. The HCMU continues to promote the use of the available evidenced based services such as FFT, MST, MTFC, which are geared to this population. Additionally reinvestment funds are used to provide JPT services within York County. School based

outpatient has been an expanding option in York County schools over the last several years and ties in with the County's commitment to both truancy and treating depression.

Unmet Needs: In accordance with the development of the Fiscal Year 2013-2014 Human Services Plan, the County partners undertook an effort in developing and evaluating a comprehensive needs-based assessment. This needs based assessment evaluated the scope, availability, response and effectiveness of the community based mental health services afforded through the County MH-IDD Program. In large part, most of the respondents found the service system to be diverse, however with inconsistent availability, often due to capacity related issues. It is readily evident that stakeholders feel there is a significant unmet need regarding available psychiatry. Respondents indicated difficulty in accessing counseling as well as psychiatry. According to the assessment results, this unmet need is more pronounced in regards to available children's psychiatry; at times delaying or preventing children from accessing consequent levels of care. To address these responses, the HealthChoices Management Unit in conjunction with Community Care distributed an RFP for a telepsychiatric service. The HCMU plans to use reinvestment dollars for the start-up of this service and has identified a primary population as children and adolescents needing evaluation and individuals being released from prison.

Needs-based assessment results did indicate the county offers a wide-range of housing related supports to meet the varying needs presented in the community. Stakeholders relayed that the numerous levels of support that are available as housing resources affords availability to an ever-diversifying constituency. However, there are often issues associated with accessing these supports. Often times, individuals are unable to access various housing resources in a timely manner. There are wait-lists associated with many of these supports, and individuals have difficulty accessing these supports in a timely manner. The more intensive levels of residential support are very effective in meeting the needs of individuals we support, according to the stakeholders' responses. However, these residential services are often at capacity, with numerous individuals waiting access.

As outlined in the County's response to the Pennsylvania Olmstead Plan, the county has processes being put into place to meet the needs of individuals transitioning from the State Hospital level of care. Utilizing the Community Support Plans for all individuals residing and receiving treatment at Wernersville State Hospital, a database is being developed that is inclusive of all individualized components of CSP's. This database will serve as the primary resource for all the collective and individual needs for persons receiving this level of support. Every individual's CSP data is to be entered into the database upon completion and/or update of their plans. From the database, the County MH-IDD Program can cull information that will identify what services, supports, and infrastructure will be needed for those individuals.

This information can then be cross-referenced with the existing services and supports currently available in the community. By cross-referencing both sets of information, the county will know exactly what areas of support are sufficient in meeting the needs of these individuals, and what

areas of support need to be further enhanced, newly developed or accordingly altered. This cooperative planning approach could be best suited in meeting the specialized needs of individuals who have a dual diagnosis of mental illness and an intellectual disability, individuals who have a dual diagnosis of mental illness and substance abuse, individuals who have a dual diagnosis of mental illness and physical disability, individuals who have a dual diagnosis of mental illness and acquired brain injury, consumers returning from incarceration, individuals that are deaf, individuals who are homeless, individuals who are elderly, individuals who are medically fragile, and individuals who do not speak English. Many of the individuals that need supports identified as special populations could access Home and Community Based Waivers through the Office of Developmental Programs or the Office of Medical Assistance Programs. The funds secured under these waivers could be leveraged with existing funding, or with enhanced with funding made available in response to the closure of state hospitals. Similar efforts were incorporated following the closure of Harrisburg State Hospital, and continue today.

The database is intended to be a living document, subject to change based upon the dynamic needs of the persons we serve. The County will have a fully encompassing, current representation of the community based support needs of each individual receiving treatment and support at Wernersville State Hospital.

Veterans have begun to be a focus at the County due to a concern that this population has behavioral health needs that are going untreated, or without treatment suited for their diagnosis. A workgroup has recently been established to look at gathering better data on the areas of need, enhancing treatment options to better address issues unique to veterans, and creating better partnerships between systems so linkages can be made timelier to existing resources.

Intellectual Disabilities

The base service allocation continues to be a backbone to the provision of services to nearly 800 unduplicated consumers. Collectively, these same consumers represent a total of 1,625 duplicated services during the 2012-2013 fiscal year. The reduction of base services creates a further delineation of the “have’s” and “have not’s”. The decrease in funding over the last few years has certainly resulted in the reduction and in some cases elimination of necessary services to the most vulnerable consumers in the system. The trend of reduction to the base allocation has forced the Administrative Entity (AE) to be more creative in the utilization of those services, while eliminating others.

The following chart depicts the individuals who are receiving services funded by base dollars only. Home and Community services, specialized therapies, respite and transportation services have been added to the component to give a more accurate reflection of true numbers. These services were not included in the template in the County Human Services Plan Guidelines, but represent 400 duplicated services that are funded by base dollars during FY 2012-2013.

YORK COUNTY HUMAN SERVICES PLAN FY 13-14 -DRAFT

Cost Center	Funded Base Only	
	Estimated/Actual Individuals Served in FY 2012/13	Projected Individuals to be Served in FY 2013/14
Supported Employment	55	58
Sheltered Workshop (VR)	63	63
Adult Training Facility (C.Hab.)	7	6
Base Funded Supports Coordination	789	811
Residential (6400)	9	7
Lifesharing (6500)	1	1
PDS/AWC	0	0
PDS/VF	0	0
Family Driven Family Support Svcs.	301	292
Home & Comm. Habilitation	27	28
Specialized Therapies	2	2
Respite (Out/Home, Camps, LTA's)	339	348
Transportation Services	32	32

The continuum of services will reflect several aspects for consideration, including: maintain individuals in residential programs currently not eligible for waiver programs, increases in waiver rates equates to increases to base rates, further reducing the amount of available monies to the base funded individuals, reduction in available/qualified providers, flexibility of base dollars to allow the AE to manage/divert

crisis situations as well as plan for those individuals transitioning from other systems by having the ability to provide one-time only funding.

The County Program will remain the Administrative Entity for the waiver Programs. The AE will continue to function under the guidelines set forth in the Administrative Entity Operating Agreement under the DPW/ODP. As part of this requirement, the AE complies with self-assessment and oversight monitoring activities.

Supported Employment: Employment opportunities continue to be challenging in the market of today. A major day employer has seen a vast reduction in contracted work from industry related vendors. The recent reduction is enabling providers to realize additional options for service delivery. The unemployment rate has affected the job market for many consumers as well as making competitive opportunities to be limited.

The County Program will not be participating in the employment pilot during 2013-2014. For the last many years, the Program supported an initiative administered by the local IU, known as

Project Search. Project Search runs in concert with the involvement and support of York Hospital. The program has enabled the students to work in hospital related jobs. One of the goals of the program is to continue employment in learned areas of skill development in the hospital following graduation. This goal has been accomplished. In cases where a student is not able to receive full employment, the IU has become a qualified provider to provide follow-up services/job coaching for those individuals who may be eligible for this level of service.

Support Coordination Supervisory staff are members of transition councils in both county areas. The collaboration of the councils has enabled the County Program to participate in school educational fairs and to plan for life after school.

Base Funded Supports Coordination (SC): The County Program does not distinguish base-funded SC from other funded individuals. Obviously, the differential comes into play as to the level and type of services that are able to be offered to the family/individual. The County Program will continue to provide seamless transition opportunities to individuals transitioning from facility based programs to community options.

Lifesharing Options: The County Program has continually been a proponent of lifeshare opportunities. Lifeshare expansion continues to be a goal set forth in the AE Quality Management Plan and will remain intact through 2015. At that time, the AE will determine if the appropriateness of the goal. We project expanding lifeshare to at least one additional individual over the next year.

Cross Systems Communications and Training: The County Program is quite active in providing cross training to other county agencies. Training sessions are held periodically to educate those in other agencies on the functions of the AE.

The AE is working with a residential provider to open a community living arrangement that will be solely be utilized for individuals who have spent a vast amount of time in the local psychiatric units. The opening of this program will definitely assist will diverting individuals from entering the State Center and /or State Hospital settings.

Emergency Settings: The AE continues to contract with two 24 hour crisis intervention entities for the provision of mental health emergency services. The providers are located in both of the counties. Wellspan Behavioral Health and Adams Hanover Counseling are the contracted providers for this service. The AE also has after-hour telephone service through the Medical Dental Bureau that is able to be a liaison to the caller and an on-call staff including the County Administrator for true emergency situations. Again as with SC services the AE does not distinguish the difference between how an individual's services are funded and the receipt of emergency services. The AE also supports the operation of a respite home. The home is a licensed 6400 program and is available for emergency care.

Homeless Assistance

The York County Human Services Department will continue to fund programming that provides a continuum of services to homeless and near homeless individuals and families.

Component	Individuals served in FY 12-13	Projected Individuals to be served in FY 13-14
Bridge Housing	110	100
Case Management	644	630
Rental Assistance	2290	2100
Emergency Shelter	669	650
Other Housing Supports	---	---

The County of York received an allocation of \$877,388, and the details for the programs that will be funded in York County in FY 13-14 are as follows:

Bridge Housing

- **Transitional “Bridge” Housing- Domestic Violence:** A transitional housing program that provides domestic violence victims/families supportive housing up to one year, with the goal of consumers returning to the most independent life situation possible. The program has 11 housing units available.
- **Transitional “Bridge” Housing:** A transitional housing program that provides homeless individuals/families supportive housing up to one year, with the goal of consumers returning to the most independent life situation possible. The program has 8 housing units available.

Case Management

- **Homeless/Near Homeless Case Management:** This program assists homeless and near homeless individuals, who often face multiple problems, to work with a case manager to design and implement a set of customized plans that will ultimately lead to the solution of his/her problems over a period of time, while moving toward self-sufficiency. This Case Management service offers outreach at approximately 10 locations throughout York County.

Rental Assistance

- **Rental Assistance:** This program provides payments for rent arrearages and security deposits to prevent and/or end homelessness or near homelessness by maintaining individuals and families in their own residences. Households with income at or below 150% of the Federal Poverty Guidelines may qualify for assistance. Households that include children may be eligible for up to \$1000 in a 24-month period and adult-only households may be eligible for up to \$750 in a 24-month period

Emergency Shelter

- **Emergency Shelter (Mass):** A temporary shelter for persons who are in immediate need and are homeless. Consumers may stay for a period of 30 days while they develop a housing plan. The Emergency Shelter that is funded with HAP funding is Bell Family Shelter, which serves families (including single fathers with children who are experiencing homeless) and single women when the census permits.
- **Emergency Shelter- Individual Shelter Nights:** This program provides emergency shelter assistance to homeless people who have no other reasonable source of shelter (i.e. no shelter space because shelters are at capacity and no family/friends housing resources). The service is also utilized when a homeless family may have a communicable disease. This service is provided by Community Progress Council's Case Management Unit, which requires daily contact with consumers in this programming to ensure that the individual/family moves to a shelter setting when appropriate.

Other Housing Supports

- **Non-Applicable:** York County has been meeting the very basic needs through these core services and has not been able to expand any services due to a lack of additional funding available.

Please note: There are no proposed programmatic changes to our HAP funded services for FY 13-14.

HMIS Implementation

- **HMIS:** York County's HMIS (YCHMIS) is fully implemented with Continuum of Care-funded agencies in York County. YCHMIS also includes several large faith-based homeless housing providers, and will be fully implemented in HUD's Emergency Solutions Grant (ESG) providers in the Fall of 2013. York's HMIS is made up of a total of 8 homeless provider agencies, 22 programs, and 34 users. York County has successfully used the HMIS to produce two Annual Homeless Assessment Reports (AHAR's) that were accepted by HUD for use in the annual Congressional report.

Please note: Only one (1) HAP Provider currently participates in HMIS. One provider has been precluded from using HMIS due to serving victims of domestic violence.

Children and Youth

The Office of Children, Youth and Families has had many successes the past year, and among them is success with decreasing the number of children placed in out of home care during the past year. We have also seen a reduction in the use of Congregate Care for older youth. Much of these successes can be attributed, at least in part, to the use of practices such as Family Finding and Family Group Decision Making. Both practices encourage the early identification, notification, and planning with family and kin of children and youth who come into contact with CYF. A noted challenge for the agency continues to be affordable housing for families as well as affordable and available child care services.

In addition to the services provided through Act 148 funding, the York County Office of Children, Youth, and Families provides an array of evidence-based, promising practices, alternatives to truancy, and housing programs and services. The following is a summary of these services.

Promising Practice: York County did not receive Promising Practice funds for the 12-13 FY. For FY 13-14, York County was allocated \$75,000 for Promising Practices and selected Fatherhood Engagement as a focus area. A Fatherhood Engagement practice is being developed to identify and execute strategies to locate fathers, create and implement solutions to barriers in engagement through the use of workgroups. The target population for this service is all fathers on all accepted CYF cases. It is the hope that a father can be identified, located and engaged in the process for at least 70% of the children accepted for service. At this time, a purchased provider for this service has not been identified. A CYF workgroup, comprised of staff, will design special projects to engage and increase outreach efforts to fathers; enhance staff training to be inclusive of father engagement; identify, locate, and engage fathers at all service levels utilizing family finding and family group decision making principals and models as best practice.

Housing: In FY 12-13 York County CYF received \$376,000 for the FISH program through the SGI. FISH, {Family Innovative and Supportive Housing} was created to keep children with eligible parents using a Housing First Approach. This approach allows families to bypass the disruption and loss associated with family separation by providing a home and then the support services necessary to move families to self-sufficiency while at the same time maintaining unification. The FISH program is a collaboration of two local providers York Community Development Corporation {YCDC} and the Children's Home of York {CHOY} working together with eligible families. FISH eligible families are homeless or near homeless, involved with York County OCYF and identified for referral to this program. For FY 12-13, it was anticipated that 60% of the referred families would graduate successfully from the FISH

program. Of the 15 referred families, 8 have either successfully completed the program or are in the process of completing the program. These 8 successes represent a success rate of 53.5%.

For FY 13-14, York County CYF has been allocated \$480,000. Modifications are being made to the FISH program for FY 13-14. Two (2) distinct phases were identified for the program to improve outcomes. The families would need to successfully complete Phase 1, a 90 day probationary period, prior to advancing into Phase 2 of the program where families are placed in subsidized and affordable housing with supportive services for the next 9 to 12 months. It is anticipated the modified program will assist 14 to 20 families with an anticipated 66% success rate for FY 13-14.

The FISH Program has been program funded since its inception in FY 10-11 and will continue to be program funded through FY 13-14.

Alternatives to Truancy: In FY 12-13, York County received \$ 270,000 for the Check and Connect program through the SGI. Check and Connect is an Evidenced Based Program implemented in York County by Pennsylvania Counseling Services since the beginning of the 2010-2011 School Year. The Check and Connect Program is a truancy/prevention program designed to enhance student's engagement at school and with learning and reduce the number of truancy referral to CYF. Students can be referred to Check and Connect Program with four (4) unexcused or unlawful absences. The Program consists of the 2 levels of intervention, basic and intensive, with the individual needs of the student dictating the specific level of intervention.

Check and Connect was implemented in York City, Southwestern and Northeastern School Districts.

- In the York City School District, 73 students received mentoring services through PA Counseling Services' Check and Connect Program and realized a 63% reduction in truancy.
- In the Southwestern School District, 56 students received services through PA Counseling Services' Check and Connect Program and realized a 69.5% reduction in truancy.
- In the Northeastern School District, 52 students received services through PA Counseling Services' Check and Connect Program and realized a 82.5% reduction in truancy.

For FY 13-14, York County CYF has been allocated \$400,000. Modifications are being made to the Check and Connect Program for FY 13-14 in an effort to increase engagement of students (who have been identified as 'intensive') and their families that includes visits in the home/ community, and evening and weekend contact as needed by either the family or youth.

The Check and Connect Program has been program funded since FY 10-11 and will continue to be program funded through FY 13-14. It is anticipated the modified program will realize and additional 15% decrease in student truancy from the 12-13 outcomes and decrease the number of truancy referrals to CYF by 10%.

Evidence Based Programs

- **Multi-Systemic Therapy (MST):** MST is a program for youth, male or female, 12-17 years old who are at risk for out of home placement for antisocial behavior, incorrigibility, substance abuse, and school problems. MST Therapist are available 24/7 to youth and their families and work within the youth's ecological systems including peers, school, family, work and activities. MST services are provided by Adelphoi Village on a per diem basis.

For FY 12-13: 50 youth were referred for MST services. 30 youth successfully completed the program while 5 were discharged due to either lack of participation or engagement, placement outside the home care, or client moving out of the service area. The MST allocation amount (\$270,000) was under spent during the 12-13 FY due primarily to MA reimbursed services.

Of the 30 youth and families that the completed the program:

- 80% of the parents/caregivers have improved their parenting skills necessary to handle subsequent problems.
 - 90% of the families evidenced improved family relations, specific to the drivers of the youth's referral behaviors.
 - 97% of the families have improved their network of informal social supports within the community and have demonstrated the skill of successfully accessing a range of supports as needed.
 - 83% of the youth is showing evidence of success in an educational or vocational setting.
 - 87% of the youth are involved with pro-social peers and activities and have minimal involvement with problem peers.
 - 83% of the youth demonstrated a change in behaviors and in the systems contributing to the referral problems.
 - 90% of the youth are living at home.
 - 97% of the youth are attending school or vocational training.
 - 93% of the youth have not been arrested since the beginning of MST treatment for an offense committed during MST treatment.
- **Functional Family Therapy (FFT):** FFT is a short-term, family-based services for youth (ages 10-18) demonstrating externalizing behaviors, such as delinquency, violence,

drug abuse, and/or disruptive behavior disorders, such as; conduct disorder, ADHD, or ODD. FFT is an evidenced-based treatment program based on a model of intervention/prevention which incorporates various levels of the client's interpersonal experiences (cognitive, emotional and behavioral) by providing intensive family therapy to change patterns of family interaction that are contributing to the problem behavior. The FFT process can be accomplished in as few as 8 to 15, one-hour sessions of direct service time. FFT services are provided on an hourly basis by Adams-Hanover Counseling Services.

For FY 12-13, 37 youth were referred to FFT. 15 youth were positive discharges and 4 were administrative discharges. The FFT SGI allocation amount (\$51,840) was under spent during the 12-13 FY due primarily to MA reimbursed services.

Of the 15 positive discharges:

- 100% of the youth had no new criminal charges during treatment
 - 100% of the youth remained in the community
 - 100% remained drug free
 - 72% of the youth improved family functioning
 - 100% of the youth improved school attendance
 - 73% of the youth improved school performance
- **Multidimensional Treatment Foster Care (MTFC):** MTFC provides intensive, evidence-based treatment for individuals who require a level of service which places them outside their own home but who can live safely within a community and a home environment. This service incorporates the core principals of the Pennsylvania Child and Adolescent Service System Program; that is services will be client-centered, family-focused, community-based, multi-systemic, culturally-competent and provided in the least restrictive and least intrusive manner possible. Target population for MTFC is youth between the ages of 12-17, whose behaviors warrant out of home placement; have had a history of failed treatment efforts and/or multiple failed placements. MTFC services are available for MA eligible clients and non MA eligible clients on a per diem basis by The Children's Home of York.

For FY 12-13 The MTFC allocation amount of (\$72,000) was under spent during the 12-13 FY due primarily to MA reimbursed services.

In FY 12-13, a total of 13 youth received MTFC services. 10 were new referrals for 12-13 and the other 3 began services at the end of the previous FY. Of the ten new 12-13 referrals, all treatment was MA funded.

9 youth were discharged during FY 12-13 with the following outcomes:

- 44.4% of the discharged youth were successfully discharged
 - 75% of the youth were satisfied with MTFC services
 - 87.5% of the youth had parents/caregivers who were satisfied with MTFC
 - 100% of the discharged youth had no new criminal offenses.
 - 55.6% of the discharged youth are living in the community
 - 50% of the youth improved school attendance
- **Family Development Credentialing (FDC):** FDC is a 9 month training program to enhance empowerment skills for family workers. It involves not only 80 hours of classroom time, but completion of a 10 Chapter Portfolio as well. Each student is matched with to an advisor with whom they are required to meet with for 10 hours to review their portfolio and receive feedback. This program is targeted for frontline workers in family serving agencies throughout the community. Ideally, the outcome would be for every agency to work together providing the same type of family engagement.

In FY 12-13, 9 out of 12 participants successfully completed the program and graduated.

- All 9 graduates reported high levels of comfort in engaging families and assessing the family's needs in order to encourage and empower them toward success.

For FY 12-13 The FDC allocation amount of (\$27,000) was slightly under spent. FDC was program funded FY 12-13 and will continue to be program funded through FY 13-14.

- **Family Group Decision Making (FGDM):** FGDM is a strength based and family focused practice that aims to enhance and empower the community and is based on the idea that families have strengths and can work together to change. FGDM builds on the inherent strengths of the family system to both make and reinforce decisions. Any York County family experiencing critical decision points and transition are appropriate for Family Group Conferencing.

In FY 12-13, 391 referrals were received; 260 conferences were completed. Of the completed conferences 548 children benefited from conferences: At 2 month post conference families described their plans as follows:

- Strongly effective: 20
- Effective: 65
- Neither effective nor ineffective: 9
- Mostly ineffective: 8
- Ineffective: 17

- Unable to reach family: 17

For FY 12-13 The FGDM allocation amount of (\$585,000) was slightly under spent. Total 12-13 expenditures were \$ 555,129. FGDM is funded on a per conference basis and will continue on a per conference basis for FY 13-14 through York County Human Services Department.

Drug and Alcohol Services

Description of Services and Access: YADAC has fully executed contracts with 12 detox providers, 18 rehabilitation providers, and 12 halfway house providers located throughout the state. One detox provider and two rehabilitation providers are housed in the County of York. Three contracted partial hospitalization providers are located outside of York County. Four intensive outpatient providers are located within the York County as well as nine contracted outpatient providers. YADAC has a contract with one methadone clinic of which is located within York County. York County has three contracted prevention providers to serve York County and one contracted provider responsible for the provision of the Drug & Alcohol Liaison SAP consultation services. Outreach services to the intravenous drug using population are provided by one contracted intervention provider. Drug & alcohol level of care assessments may be secured (at no cost) at any of the nine contracted outpatient providers.

The ACT 152 and the BHSI funds are specific to the following drug and alcohol services: non-hospital detoxification services; non-hospital residential treatment services; and halfway house treatment services. Because each of the aforementioned funding sources has precise qualifying criteria which must be met in order to be utilized AND is typically only needed until other funding is secured, it has been calculated using past years utilization figures that ACT 152 and BHSI funds may assist approximately 230 York County residents with partial-payment of their non-hospital detoxification services and/or non-hospital residential treatment services and/or halfway house treatment services.

The funding available for the remaining treatment services (that is: partial hospitalization; intensive outpatient; outpatient services; and medication assisted services) and the prevention/intervention services are made available through the following funding sources: County Match; DUI Fine; SAPT BG Treatment; SAPT BG; State Base; SAPT BG PWWDC; DRC Pass-through; Gaming; and SAP.

Coordination for Special Populations: The County of York actively participates in many coordination activities to support special populations. One key area is the York County Treatment Courts/Diversionary Programs for these specialized populations. The following is a summary of Treatment Court/Diversionary Program highlights.

- York County Treatment Courts/Diversionary Programs

- 1997- The York County Drug Court was started. One DACMS was assigned to this court. Shortly after the initiation of the York County Drug Court, a second YADAC DACMS was requested and assigned full time. Presently, two YADAC DACMS are assigned to the Drug Court.
- 2003- The York County Daily Reporting Center was initiated. Presently, one YADAC DACMS is assigned full time to the Daily Reporting Center.
- 2005- The York County Mental Health Court was developed and continues to utilize the YADAC DACMS assigned to the Drug Court as needed for MH court participants identified as having possible substance use disorders.
- 2010- The York County DUI Court was founded. One YADAC DACMS was assigned full time. A second YADAC DACMS is shared with the DUI Court and on a PRN basis for the Drug Treatment Court.
- 2012- York County initiated a Veterans Court. YADAC assigned a DACMS as an honorary member of the Veterans Court Team.
- Presently, five of the seven full-time YADAC DACMS are assigned full-time to one or more of York County Treatment Courts/Diversory Programs with an additional DACMS assigned as an honorary member.

Emerging Trends: York County has experienced the following trends relating to substance abuse issues:

- 2009/2010 Ranking order of substances for individuals receiving YADAC funded treatment: alcohol; heroin; marijuana; cocaine/crack; other opiates/synthetics; other
- The CIS data and Health Choices data indicate that Caucasian males between the ages of 21-44 and the outpatient level of care treatment service are at the highest numbers than any other recorded race, gender, age group or any other treatment service level of care. The CRN data adds validation to these findings while providing additional characteristics. It seems that the majority of the Caucasian males that completed the CRN was single/never married and reported use of controlled substances in conjunction to their alcohol use. Validating this finding is the CIS drug of admission ranking order for individuals over 18 as: alcohol, heroin, crack/cocaine, cannabis, and other opiates two years in a row.
- Interfacing the data by Magisterial District of offense occurrences with the data from the offenses occurring by zip code of offender, it seems that specific school district areas house large number of offenders as indicated by the following:
 - York City: highest number of aggravated assaults or homicides by DUI and highest number of drug sales and distribution
 - South Eastern and Red Lion: highest underage drinking
 - Central York, Dallastown, Northeastern, Northern, York City and West York: highest alcohol related DUI's; alcohol/substance related DUI's; DUI of minors; aggravated assault or homicide by DUI; and underage drinking

- York Suburban, York City and Dallastown: highest substance related DUI; drug sales/distribution; and public drunkenness
- The data from the PA Uniform Crime Reporting System reports indicates that arrests for selling opium-cocaine is ranked second in the number of drug related arrests. The first ranked drug related arrest, which seems to be on the rise, is the possession of marijuana. It is difficult to speculate if this indicates a trend. Of interest, is the recent recognition of the cannabis dependence diagnosis by the treatment courts as a qualifying substance related disorder for entry into treatment court.
- The PAYS data verifies alcohol as the on-going drug of choice trend amongst the students participating in the survey. More alarmingly is the data indicating that the 8th grade population seems to be using alcohol at a higher rate than their National cohorts as well as using inhalants at a higher rate than their National cohorts. The irony associated to the latter inhalant data is the fact that their attitude toward inhalant use was measured as that of being unacceptable, while their use indicated the exact opposite. The CIS data for SFY 09/10 for individuals under the age of 18 indicate that alcohol is listed as the primary substance at the time of first admissions, followed by cannabis use. Per Michael Webb, Juvenile Probation Supervisor, according to the statistics in the Drug Court database regarding the clients in Juvenile Drug Court Programs: 67.68% indicated marijuana is their first drug of choice; followed by alcohol at 17.17%; followed by pills at 7.58%; with an antidotal mention of the presence of K2/spice as a suspected substance of choice. So while the trend for individuals 18 years of age and under persists as alcohol use followed by cannabis use; the use of pills seem to be on the rise, as well as a growing presence of K2/spice.

Waiting List Issues: As a result of the aforementioned substance use trends, the resulting detox placements have increased, which has placed a strain on the detox system making it difficult to locate available beds across the state.

Moreover, due to the ongoing cuts to the ACT 152 & BHSI, rehab placements have been reserved for the priority populations, which include pregnant injection drug users, pregnant substance using women, and injection drug users. Those individuals not falling into the priority population categories typically then seek community based treatment thereby creating waiting lists at that level of care.

Specific Population Information:

- **Older Adults (age 60 and above):** The ACT 152 and the BHSI funds are specific to the following drug and alcohol services: non-hospital detoxification services; non-hospital residential treatment services; and halfway house treatment services. All of these services are available to older adults.
- **Adults (ages 18 to 55):** The ACT 152 and the BHSI funds are specific to the following drug and alcohol services: non-hospital detoxification services; non-hospital residential

treatment services; and halfway house treatment services. All of these services are available to the adult population.

- **Transition-Age Youth (ages 18 through 26):** The ACT 152 and the BHSI funds are specific to the following drug and alcohol services: non-hospital detoxification services; non-hospital residential treatment services; and halfway house treatment services. All of these services are available to transition-age youth.
- **Adolescents (under 18):** The ACT 152 and the BHSI funds are specific to the following drug and alcohol services: non-hospital detoxification services; non-hospital residential treatment services; and halfway house treatment services. Not all of these services are designed to treat adolescents.
- **Individuals with Co-occurring Psychiatric and Substance Use Disorders:** The ACT 152 and the BHSI funds are specific to the following drug and alcohol services: non-hospital detoxification services; non-hospital residential treatment services; and halfway house treatment services. Not all of these services are designed to treat individuals with co-occurring disorders.
- **Recovery-Oriented Services:** These services are NOT covered under the ACT 152 and the BHSI funds.

Human Services Development Fund

Services to be Provided: Over the past few years, the York County Human Services Department has had to eliminate programming and drastically reduce services, as a result of the drastic funding reduction to HSDF. In FY 13-14, the County of York received an amount of \$282,981, and the details for the programs that will be funded are listed below.

Component	Individuals served in FY 12-13	Projected Individuals to be served in FY 13-14
Adult Services	2	2
Aging Services	---	---
Generic Services	29,289	28,000
Specialized Services	611	600

- **Adult Services- Homemaker Services:** Provides personal care services in a person's own home to avoid costly nursing home placements (for individuals on waiting list for waiver services). Two individuals may be served through this program, and due to the extreme funding cuts, this program is being phased out. However, the results of the recent HS Survey indicated that many respondents would make referrals to this program for the consumers they serve if it was available.
- **Generic Services-Case Management:** Works with individuals who need assistance in navigating the system and assists families or individuals in developing a service plan to address unmet needs and linking to available resources. This service has become more important in our current economic climate where there has been an increase in families who are requesting public assistance for the first time and need help navigating the system. (Please note that this was included with Specialized Services last year, due to Generic Services not being available as a category selection.)
- **Generic Services- Information and Referral:** York County's free referral source. Links persons in need with the appropriate agencies or services via telephone or web. This will be transitioning into the 211 system during the fiscal year. (Please note that this was included with Specialized Services last year, due to Generic Services not being available as a category selection.)
- **Specialized Services- Emergency Shelter:** A temporary shelter for persons who are in immediate need and are homeless. Consumers may stay for a period of 30 days while they develop a housing plan. Bell Family Shelter serves approximately 600 individuals per year.
- **Interagency Service Coordination:** The York County Human Services Department provides oversight to the departments that comprise the Human Services Division. This funding is used to support the administrative functions that are necessary in order for the smooth operation of the categorical departments. In addition, the Department holds many coordination functions throughout the County, including Family Group Decision Making, Child and Adolescent Service System Program, Communities that Care, Systems of Care, etc. Funding in this line also include a training budget that will provide learning opportunities to the entire Human Services Division. There is also a line item for communications, which is used to print various documents, including the Pocket Guide for the Homeless, a resource that is used by many professionals in York County, including law enforcement and other first responders.

In FY 12-13, HSDF service coordination funding was used to provide cross trainings to educate county employees and human service provider agencies. A total of twelve (12) sessions were coordinated, where 412 individuals attended and received training credit.

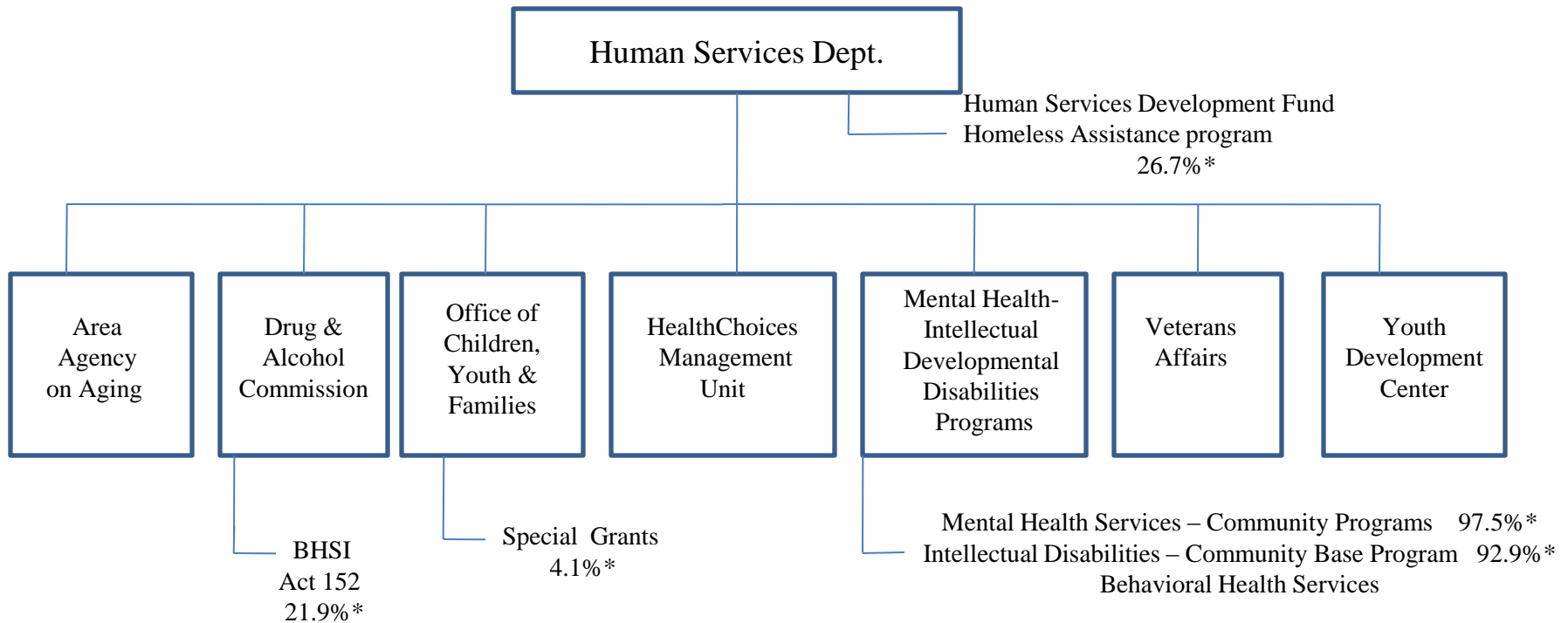
YORK COUNTY HUMAN SERVICES PLAN FY 13-14 -DRAFT

Topics ranged from the Affordable Care Act, to the County Assistance Office programs to categorical agencies. The goal is to expand upon this effort in FY 13-14.

- **Administration:** Administrative tasks such as reporting, monitoring, and the provision of technical assistance to providers is charged to this category.

YORK COUNTY HUMAN SERVICES DIVISION

HUMAN SERVICES PLAN FUNDING STREAMS



* Indicates percentage of department budget

APPENDIX C
COUNTY HUMAN SERVICES PROPOSED BUDGET AND SERVICE RECIPIENTS

<i>County: York/Adams for MH/IDD/D&A York for HAP, OCYF, HSDF</i>	ESTIMATED CLIENTS	DPW ALLOCATION (STATE AND FEDERAL)	PLANNED EXPENDITURES (STATE AND FEDERAL)	COUNTY MATCH	OTHER PLANNED EXPENDITURES
MENTAL HEALTH SERVICES					
ACT and CTT	3		\$ 16,000.00	\$ -	
Administrator's Office	0		\$ 795,936.00	\$ 52,892.00	
Administrative Management	1,771		\$ 831,318.00	\$ 62,303.00	
Adult Developmental Training	0		\$ -	\$ -	
Children's Evidence Based Practices	0		\$ -	\$ -	
Children's Psychosocial Rehab	0		\$ -	\$ -	
Community Employment	17		\$ 33,612.00	\$ 3,500.00	
Community Residential Services	192		\$ 5,324,004.00	\$ 28,392.00	
Community Services	774		\$ 289,738.00	\$ -	
Consumer Driven Services	0		\$ -	\$ -	
Crisis Intervention	0		\$ -	\$ -	
Emergency Services	15,420		\$ 1,035,834.00	\$ 94,195.00	
Facility Based Vocational Rehab	115		\$ 369,095.00	\$ 29,459.00	
Family Based Services	0		\$ -	\$ -	
Family Support Services	8		\$ 102,565.00	\$ 3,000.00	
Housing Support	142		\$ 2,306,488.00	\$ 19,017.00	
Other	0		\$ -	\$ -	
Outpatient	1,466		\$ 1,135,571.00	\$ 60,173.00	
Partial Hospitalization	35		\$ 60,486.00	\$ -	
Peer Support	0		\$ -	\$ -	
Psychiatric Inpatient Hospitalization	26		\$ 60,800.00	\$ -	
Psychiatric Rehabilitation	10		\$ 71,500.00	\$ -	
Social Rehab Services	339		\$ 699,949.00	\$ 18,616.00	
Targeted Case Management	1,200		\$ 1,448,523.00	\$ -	
Transitional and Community Integration	0		\$ -	\$ -	
TOTAL MH SERVICES	21,518	0	\$ 14,581,419.00	\$ 371,547.00	0

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<i>County: York/Adams for MH/IDD/D&A York for HAP, OCYF, HSDF</i>	ESTIMATED CLIENTS	DPW ALLOCATION (STATE AND FEDERAL)	PLANNED EXPENDITURES (STATE AND FEDERAL)	COUNTY MATCH	OTHER PLANNED EXPENDITURES
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INTELLECTUAL DISABILITIES SERVICES

Admin Office	0		\$ 848,465.00	\$ 51,493.00	
Case Management	811		\$ 998,444.00	\$ 110,938.00	
Community Residential Services	8		\$ 555,351.00	\$ -	
Community Based Services	833		\$ 1,478,446.00	\$ 135,736.00	
Other	0		\$ -	\$ -	
TOTAL ID SERVICES	1,652	0	3,880,706	298,167	0

HOMELESS ASSISTANCE SERVICES

Bridge Housing	100		\$ 289,108.00	\$ -	
Case Management	630		\$ 143,449.00	\$ -	
Rental Assistance	2,100		\$ 314,831.00	\$ -	
Emergency Shelter	650		\$ 70,000.00	\$ -	
Other Housing Supports	0		\$ -	\$ -	
Administration			\$ 60,000.00	\$ -	
TOTAL HAP SERVICES	3,480	0	\$ 877,388.00	\$ -	0

CHILDREN & YOUTH SERVICES

Evidence Based Services	595		\$ 1,122,900.00	\$ 59,100.00	
Promising Practice	150		\$ 67,500.00	\$ 7,500.00	
Alternatives to Truancy	350		\$ 360,000.00	\$ 40,000.00	
Housing	68		\$ 408,000.00	\$ 72,000.00	
TOTAL C & Y SERVICES	1,163	0	\$ 1,958,400.00	\$ 178,600.00	0

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<i>County: York/Adams for MH/IDD/D&A York for HAP, OCYF, HSDF</i>	ESTIMATED CLIENTS	DPW ALLOCATION (STATE AND FEDERAL)	PLANNED EXPENDITURES (STATE AND FEDERAL)	COUNTY MATCH	OTHER PLANNED EXPENDITURES
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DRUG AND ALCOHOL SERVICES

Act 152 Inpatient Non-Hospital	161		\$ 444,249.00		
Act 152 Administration	0		\$ -		
BHSI Administration	0		\$ -		
BHSI Inpatient Non-Hospital	69		\$ 222,650.00		
BHSI Inpatient Hospital	0		\$ -		
BHSI Partial Hospitalization	0		\$ -		
BHSI Outpatient/IOP	0		\$ -		
BHSI Medication Assisted Therapy	0		\$ -		
BHSI Recovery Support Services	0		\$ -		
TOTAL DRUG AND ALCOHOL SERVICES	230	0	\$ 666,899.00	\$ -	0

HUMAN SERVICES DEVELOPMENT FUND

Adult Services	2		\$ 4,000.00	\$ -	
Aging Services	0		\$ -	\$ -	
Generic Services	28,000		\$ 133,683.00	\$ -	
Specialized Services	600		\$ 70,000.00	\$ -	
Interagency Coordination			\$ 47,000.00	\$ -	
Administration			\$ 28,298.00	\$ -	
TOTAL HUMAN SERVICES DEVELOPMENT FUND	28,602	0	\$ 282,981.00	\$ -	\$ -

GRAND TOTAL	56,645	0	\$ 22,247,793.00	\$ 848,314.00	\$ -
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